

Harris & Dickson Co., S.C.

SINCE 1841

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-9900

REMIT TO:

P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

| | | | | | | | | | | | |
|---|-------|----------|-------|-----------------|-------|---|------|----------|--------------------|-------|------|
| S | E | RBCPTION | DIAG | CDRR | CNTR | B | E | RBCPTION | DIAG | CORR | CNTR |
| H | I | 2727 | Hwy K | | | L | F.O. | BOX 236 | | | |
| P | | | | BONNE TERRE, MO | 63628 | L | | | JEFFERSON CITY, MO | 65102 | |
| T | (573) | 358-4412 | | | | O | | | | | |
| O | | | | | | | | | | | |

ACK # 13592

| CUST. NO. | DEA REG. NO. | INVOICE NO. |
|-----------|--------------|-------------|
| 21727 | BE6051700 | 6127473 |
| ORD. TYPE | P.O. NUMBER | DATE |
| 3 | 5/09/03 | C24 |
| SHIP VIA | DEPT. NUMBER | PAGE |
| 219 OTHER | | 1 |

DEA No. RA614452

| ITEM | QTY | UNIT | DESCRIPTION | MFG | NDC / UPC | PC | PER | RETAIL | LIST | PROMO % | COST | G.R. % | C | EXTENSION |
|--------|-----|---------------------------|-------------|-----|---------------|----|-----|--------|--------|---------|-------|--------|---|-----------|
| 661066 | CT | FLUMAZENIL VL 5 ML | CT/10 | BED | 55390-0092-10 | 2 | | 93.750 | 74.183 | 42.46 | 74.18 | | | |
| 133389 | CT | HEPARIN L/F VL 100U | 10ML/25 | HOS | 409-1152-70 | 2 | | 14.060 | 11.127 | 9.13 | 22.25 | | | |
| 050732 | CT | METHYLENE BLUE VL 1% | 10ML/10 | TAY | 11090-0504-10 | 2 | | 60.300 | 49.702 | 34.50 | 99.40 | | | |
| 126482 | CT | POT CHL VL 4DMEQ 2.0ML/25 | | HOS | 409-6653-05 | 2 | | 14.380 | 11.375 | 8.16 | 79.63 | | | |
| 124313 | CS | SOD CHL .9% 1000ML/12 BAG | | BOS | 409-7983-04 | 2 | | 20.400 | 16.141 | 16.14 | | | | |
| 123463 | CS | WATER IRR STR 1000ML/12 | BOT | HOS | 409-7139-04 | 2 | | 26.100 | 20.651 | | 20.65 | | | |

*This invoice replaces
inv. #8123833*

RINGO-42

| | |
|-----------------------------|------------------------|
| *PC - Prior Charge | *C1-C5 - Drug Class |
| From a My Prescription Rec. | 2 = Rx/Refills |
| E - Generic Item | 3 = Schedule 3 |
| G = G.P.Q. | 4 = Physical Rx/Refill |
| I = Inactive | 5 = Schedule 5 |
| D = D.S.N.R.P. | 9 = Schedule 9 |
| M = F.S.D. | 0 = Rx/Refill |

| GROSS | TOTAL |
|--------|-------|
| 326.68 | |

| Pay by | Check and Cash |
|--------|----------------|
| | |

| TAX | TOTAL |
|-----|--------|
| .00 | 312.25 |

NET AMOUNT

312.25

Q.C.

Morris & Micham Ch. A. L. P.

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900

SINCE 1841
P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

| | |
|---|---|
| REMIT TO: | |
| S H I P T O | E RECEPTION DIAG CORR CNTR 2727 HWY K BONNE TERRE, MO (573) 358-4412 |
| B E RECEPTION DIAG CORR CNTR 2727 HWY K BONNE TERRE, MO T O ACK # 09872 | |

| CUST. NO. | DEA REG. NO. | INVOICE NO. |
|--------------------|--------------|-------------|
| 21727 | BE6051700 | 8124547 |
| ORD. TYPE | P.O. NUMBER | DATE |
| 3 | | 5/07/08 |
| SHIP VIA | DEPT. NUMBER | PAGE |
| 219 M & D | | C2A |
| DEA No. RMA0314790 | | |
| 1 | | |

| ITEM | QTY | UNIT | DESCRIPTION | MANUFACTURER | NDC / UPC | PC | QTY | RETAIL | LST | PROMO % | COST | G.P. % | C | EXTENSION |
|--------|-----|------|----------------------------|--------------|---------------|----|-----|--------|--------|---------|-------|--------|---|-----------|
| 361188 | 2 | CT | MIDAZOLAM VLS5MG/ML 1ML/10 | BAX | 10019-0027-01 | 4 | | 15.630 | 12.364 | | 24.73 | | | |

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SH

<div data-b

Winnie Jackson Gal. L. J.
10301 Hwy 1 South, Shreveport, LA 71135-1367

SINCE 1841
P.O. Box 51367 Ph. 318-797-7900

REMIT TO:

S E RECEPTION DIAG CORR CNTR
H 2727 HWY K
I BONNE TERRE, MO
P (573) 358-4412
T O T C O ACK # 80652

| ITEM | QTY | UNIT | DESCRIPTION | MFG | NDC / UPC | PC | RETAIL | LIST | PROMO % | COST | G. P. % | C | EXTENSION |
|--------|-----|------|--------------------------------|-----|-------------|----|--------|---------|---------|---------|---------|---------|-----------|
| 666149 | 1 | CS | PENTOTHAL COMBO PAK 1GM 50ML25 | HOS | 409-6431-02 | * | | 743.130 | | 585.642 | | 585.642 | |

| CUST. NO. | DEA REG. NO. | INVOICE NO. |
|--------------|--------------|-------------|
| 21727 | BE6051700 | 8934123 |
| ORD. TYPE | PO-NUMBER | DATE |
| SHIP VIA | 3 92200520 | 3/17/09 |
| DEPT. NUMBER | PAGE | |
| 219 M & P | | |

DEA No. RH0314790

Page 3
- - -

RINGO-62

*C = Price Change

**C = Mg Promotion Disc.

^ = Contract Item

G = G-Code

V = Price Vendor

I = Individual

D = D-Ship

M = M&D

P = PHG

* CLS = Drug Class
2 = Prescriptions
4 = Schedule 4.5
5 = LA Only
6 = Schedule 3
8 = Schedule 2

GROSS
TOTAL
616.45

Pay by
4/16/09 and Deduct

TOTAL
TAX
585.64
NET AMOUNT
585.64
0.00

1 1/2% SERVICE CHARGE (1% PER ANNUM) ON PAST DUE ACCOUNTS

Plaintiffs' Summary Judgment Exhibit 27

Horizon Dickson Ch. S. L.C.

SINCE 1841

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318/797-7900

RENT TO

P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318/797-7900

| | | | |
|---|----------------------------|---|----------------------------|
| S | E RECEPTION DIAG CORR CNTR | B | E RECEPTION DIAG CORR CNTR |
| H | 2727 HWY K | I | P.O. BOX 236 |
| I | BONNE TERRE, MO | L | JEFFERSON CITY, MO 65102 |
| T | (573) 358-4412 | O | ACK # 52844 |

DEA No. RM0314790

| CUST NO | DEA REG. NO | INVOICE NO |
|-----------|--------------|------------|
| 21727 | BE6051700 | 9125332 |
| ORD. TYPE | P.O. NUMBER | DATE |
| 3 | 92200616 | 5/27/09 |
| SHIP VIA | DEPT. NUMBER | PAGE |
| 219 M & I | MODEptofCorr | 1 |

DEA No. RM0314790

| ITEM | QTY | UNIT | DESCRIPTION | MFG | NDC / UPC | RETAIL | LIST | PROMO % | COST | G.P. % | C | EXTENSION |
|--------|-----|------|--------------------------------|-----|---------------|--------|--------|---------|---------|--------|---------|-----------|
| 502559 | 1 | EA | DIAZEPAM TAB 5 MG 100UD | UDL | 51079-0285-20 | 4 | 32.140 | | 5.388 | G | 5.39 | |
| 407395 | 2 | EA | HALOPERIDOL V15MG/ML 10ML | BFD | 55390-0147-01 | 2 | 26.250 | 11.821 | G | 23.64 | | |
| 183389 | 2 | CT | HEPARIN 1/F VL 100U 10ML/25 | HOS | 409-1152-70 | 2 | 17.190 | 12.314 | G | 24.63 | | |
| 573865 | 1 | CT | LIDOCAINE MDV 1% 50ML/25 | HOS | 409-4276-02 | 2 | 68.440 | 21.426 | G | 21.43 | | |
| 050732 | 2 | CT | METHYLENE BLUE VL 1% 10ML/10 | TAY | 11098-0504-10 | 2 | 60.300 | 34.360 | G | 68.72 | | |
| 367189 | 2 | CT | MIDAZOLAM V15MG/ML 1ML/10 | BAX | 10019-0027-01 | 4 | 12.500 | 9.851 | G | 19.70 | | |
| 341637 | 3 | CT | PANCREONIDOMDV 1GM/ML 10ML/25 | HOS | 409-4646-01 | 2 | 51.880 | 40.635 | G | 121.91 | | |
| 666149 | 3 | CS | PENTOTHAL COMBO PAK 1GM 50ML25 | HOS | 409-6431-02 | * | 4 | 743.130 | 585.642 | G | 1756.93 | |
| 126482 | 2 | CT | POT CHL VL 40MEQ 20ML/25 | HOS | 409-6653-05 | 2 | 15.560 | 8.373 | G | 16.75 | | |
| 124313 | 2 | GS | SOD CHL .9% 1000ML/12 BAG | HOS | 409-7983-09 | 2 | 20.400 | 16.076 | G | 32.15 | | |

RINGO-71

MAILED

COPY

*AC = Price Change
Promo % = Mfg Promotional Disc
C = Contract Item
G = Group
I = Individual
M = M&D
P = P&S

*CS = Drug Class
2 = Prescriptions
4 = Schedule 4-5
3 = LA Only
6 = Schedule 3
8 = Schedule 2

GROSS TOTAL 2201.31

Pay by 07/20/09 and Deduct 110.06

TOTAL TAX

NET AMOUNT 2091.25

Morris & Dickson, Chas. L. D. G.
SINCE 1841

P.O. Box 51367 Shreveport, LA 71135-51367 Ph. 318-797-79000

| | | | |
|---|-----------------|------|------|
| S | E | E | E |
| H | RECEPTION | DIAG | CORR |
| I | CNTR | | |
| P | 2727 HWY K | | |
| T | BONNE TERRE, MO | | |
| O | (573) 358-4412 | | |
| | | | |
| B | E | E | E |
| I | RECEPTION | DIAG | CORR |
| L | CNTR | | |
| L | 2727 HWY K | | |
| L | BONNE TERRE, MO | | |
| T | 63628 | | |
| O | 63628 | | |
| O | ACK # 80652 | | |

| SUSP NO | DEALER NO | DATE |
|---------|------------|---------|
| 21727 | PER6051700 | 8934123 |
| ORD NO | REG NUMBER | DATE |
| 3 | 92200520 | 3/17/09 |

BINGO-77

Morris & Dickson Co., L.L.C.

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900

SINCE 1841

P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900
REMIT TO:

E RECEPTION DIAG CORR CNTR
2727 HWY K
BONNE TERRE, MO 63628
(573) 358-4412
T O ACK # 52844

| CUST. NO. | DEA REG. NO. | INVOICE NO. | 219 |
|-----------|-------------------|-------------|-----|
| 21727 | BE6051700 | 9125332 | |
| ORD. TYPE | P.O. NUMBER | DATE | 1 |
| 3 | 92200616 | 5/27/09 | |
| 219 M & L | MODEptofCorr | 1 | |
| | DEA No. RM0314790 | | |

| ITEM | QTY | UNIT | DESCRIPTION | MFG. | NDC / UPC | PC ¹ S ² | RETAIL | LST ³ | Promo % | COST | G.P. % | C | EXTENSION |
|--------|-----|------|---------------------------------|------|---------------|-----------------------------------|---------|------------------|---------|------|---------|---|-----------|
| 502559 | 1 | EA | DIAZEPAM TAB 5 MG 100UD | UDL | 51079-0285-20 | 4 | 32.140 | 5.388 | | G | 5.39 | | |
| 407395 | 2 | EA | HALOPERIDOL VL5MG/ML 10ML | BED | 55390-0147-01 | 2 | 26.250 | 11.821 | | G | 23.64 | | |
| 133389 | 2 | CT | HEPARIN L/E VL 100U 10ML/25 | HOS | 409-1152-70 | 2 | 17.190 | 12.314 | | G | 24.63 | | |
| 573865 | 1 | CT | LIODOCAINE MDV 1% 50ML/25 | HOS | 409-4276-02 | 2 | 68.440 | 21.426 | | G | 21.43 | | |
| 050732 | 2 | CT | METHYLENE BLUE VL 1% 10ML/10 | TAY | 11098-0504-10 | 2 | 60.300 | 34.360 | | G | 68.72 | | |
| 361188 | 2 | GT | MIDAZOLAM VL5MG/ML 1ML/10 | BAX | 10019-0027-01 | 4 | 12.500 | 9.851 | | G | 19.70 | | |
| 34153 | 3 | CT | PANCURONIUM MDV 1MG/ML 10ML/25 | HOS | 409-4646-01 | 2 | 51.880 | 40.635 | | G | 121.91 | | |
| 666149 | 3 | CS | PENTOTHAL COMBO PAK 1GM 50ML/25 | HOS | 409-6431-02 | * | 743.130 | 585.642 | | G | 1756.93 | | |
| 126482 | 2 | CT | POT CHL VL 40MEQ 20ML/25 | HOS | 409-6653-05 | 2 | 16.560 | 8.373 | | G | 16.75 | | |
| 124313 | 2 | CS | SOD CHL .9% 1000ML/12 BAG | HOS | 409-7983-09 | 2 | 20.400 | 16.076 | | G | 32.15 | | |

MAILED
6/3/04
JMB

COPY

PC = Price Change
romo % - Mg Promotion Disc.
e = Contract Item
G = Group
V = Prime Vendor
n = new
R = Schedule 2

GROSS TOTAL

2201.31

Pay by
6/26/09 and Deduct

TOTAL TAX

110.06

2091.25

+10% SERVICE CHARGE 10% PER ANNUM ON PAST DUE ACCOUNTS

www.shermanca.com

SINCE 1841
10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900
P.O. Box 51367 Shreveport, LA 71135-1367



©

RE/MAX

Ph. 318-797-7900

E RECEPTION DIAG CORR CNTR
2727 HWY K
BONNE TERRE, MO
(573) 358-4412

T
O

B E RECEPTION DIAG CORR CNTR
2727 HWY K
BONNE TERRE, MO
63628

T
O

ACK # 80652

| CUST. NO. | DEA REG. NO. | INVOICE NO. |
|--------------|--------------|-------------|
| 21727 | BE6051700 | 8934123 |
| ORD. TYPE | PO. NUMBER | DATE |
| SHIP VIA | 3 | 9/22/00520 |
| DEPT. NUMBER | | 3/17/09 |
| PAGE | | |
| 219 M & D | | |

ITEM QTY UNIT DESCRIPTION MFG. NDC / UPC RETAIL LIST COST GROSS EXTENSIVE
666149 1 CS PENTOTHAL COMBO PAK 1GM 50ML25 HOS 409-6431-02 + 4 743.130 585.642 585.642 585.642

DEA No. RM0314790

Morris Dickson Co., Inc.

SINCE 1841

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900

P.O. Box 51367 Shreveport, LA 71136-1367 Ph. 318-797-7900

[REMIT TO:

| | | | |
|----------------------------|---|------------------|---|
| S H I P T O | E RBCPTION DIAG CORR CNTR 2727 HWY R BONNIE TERRE, MO (573) 358-4412 | B L T O | E RECEPTION DIAG CORR CNTR P.O. BOX 235 JEFFERSON CITY, MO 65102 |
| | | | ACK # 13592 |

| CUST. NO. | DEA REG. NO. | INVOICE NO. |
|-----------|--------------|-------------|
| 21727 | BE6051700 | 6127473 |
| SHIP VIA | DEPT. NUMBER | PAGE |
| 3 | 219 OTHER | 1 |

| ITEM | QTY | UNIT | DESCRIPTION | MFG. | NDC / UPC | PC: | RETAIL | LIST | PROMO % | COST | G.P. % | C | EXTENSION |
|--------|-----|------|---------------------------|---------|-------------|---------------|---------|---------|---------|--------|--------|---|-----------|
| 661066 | 1 | CT | FLUMAZENIL VL 5 ML | CT/10 | BED | 55390-0092-10 | 2 | 93 .750 | 74 .183 | 49.416 | 74 .18 | | |
| 133389 | 1 | CT | HEPARIN 1/F VL 100U | 10ML/25 | BOS | 409-1152-70 | 2 | 14 .060 | 11.127 | 9.15 | 22.25 | | |
| 050732 | 1 | CT | METHYLENE BLUE VL 1% | 10ML/10 | TAX | 11098-0504-10 | 2 | 60 .300 | 49 .702 | 34 .50 | 99 .40 | | |
| 126482 | 1 | CT | POT CHL VL 40MEQ 20ML/25 | BOS | 409-6653-05 | 2 | 14 .380 | 11.375 | 8.16 | 79 .63 | | | |
| 124313 | 1 | CS | SOD CHL .9% 1000ML/12 BAG | BOS | 409-7983-05 | 2 | 20 .400 | 16 .141 | 15 .14 | 20 .65 | | | |
| 123463 | 1 | CS | WATER IRR STR 1000ML/12 | BOT | BOS | 409-7139-05 | 2 | 26 .100 | 20 .651 | | | | |

This invoice replaces
Inv. # 8123833

F.C. Fing. Tax
Fromo & Mfg. Protection Rec
G - Generic Item
G = Generic
I = Prescription
J = Nonprescr
M = LDC
P = Rx
S = Schedule 2

* O.S. - Drug Recs
2nd Prescriptions
3rd Prescriptions
S = LDC Only
G = Schedule 2

F.C. Fing. Tax
Fromo & Mfg. Protection Rec
G - Generic Item
G = Generic
I = Prescription
J = Nonprescr
M = LDC
P = Rx
S = Schedule 2

| | |
|--------------|--------|
| GROSS | 328.66 |
| TOTAL | |

| | |
|--------|--------------------|
| Pay by | 8/16/03 and Demand |
| | |

| | |
|-------------------|--------|
| TOTAL | 312.25 |
| NET AMOUNT | .00 |

Ringo - 52

Mark D. Wilson, Jr., M.D.

10301 Hwy 1 South, Shreveport, LA 71115
SINCE 1841
Ph. 318-797-7900

P.O. Box 51367 Shreveport, LA 71115-1367 Ph. 318-797-7900

REMIT TO:

| | | | | | |
|---|-----------------|----------------|---|-----------------|----------------|
| S | E RECEPTION | DIAG CORR CNTR | B | E RECEPTION | DIAG CORR CNTR |
| H | 2727 HWY K | | I | 2727 HWY K | |
| I | BONNE TERRE, MO | 63628 | L | BONNE TERRE, MO | 63628 |
| P | (573) 358-4412 | | T | ACK # 09872 | |
| T | | | O | | |

| CUST. NO. | DEA REG. NO. | INVOICE NO. |
|-----------|--------------|-------------------|
| 21727 | BE6051700 | 8124547 |
| ORD. TYPE | PO NUMBER | DATE |
| 3 | 5 / 07 / 08 | 1 |
| SHIP VIA | DEPT. NUMBER | PAGE |
| 219 | M & E | 1 |
| | | DEA No. RM0314790 |

COPY

| | |
|--------------------------|--------------------|
| PC - Price Change | * CLS = Drug Class |
| PC - Contract Item | 2 = prescriptions |
| PC - Mfg. Promotion Disc | 4 = Schedule 4-5 |
| G = Group | 5 = LA Only |
| I = Individual | 6 = Schedule 3 |
| N = NSD | 8 = Schedule 2 |

1 1/2% SERVICE CHARGE (18% PER A.)

GROSS TOTAL 3 179..95

Pay by 6/06/08 and Deduct

TOTAL TAX

158..99

NET AMOUNT